PATENT APPLICATION SEE DETERMINATION OF O								ĺ	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective December 8, 2004										S/8	15	287
CLAIMS AS FILED - PART I (Column 1) (Column 2)							S	SMALL ENTITY		/	ОТНІ	ER THAN
TOTAL CLAIMS			(0010	7	T (Co	Olumn 2)		TYPE		0		L ENTITY
F	FOR			NUMBER FILED		N/4/155 5/55		RATE		4	RATE	
TOTAL CHARGEABLE CLAIMS						NUMBER EXTRA		BASIC FEE			BASIC FI	EE .
H	INDEPENDENT CLAIMS			minus 20=		-,		X\$ 25	=	OF	X\$50=	
⊩		ENDENT CLAIM		minus 3 =				X100=		OF	X200=	
_] [+180=		OF	+360=	
* If the difference in column 1 is less				than zero, enter "0" in column 2			TOTAL			OF	TOTAL	1
CLAIMS AS AMENDED - PART II											OTHE	R THAN
	117/1	(Column 1)		(Colun		(Column 3)	. s	MALI	ENTITY	_	SMALL	ENTITY
AMENDMENT A	1/3/01	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONA FEE		RATE	ADDITIONAL FEE
QN	Total	. 19	Minus	2	0	=	X	\$ 25 =		OR	X\$50=	/
AME	Independent	1.3	Minus	***	3	7	×	100=	1	OR	X200=	/
	FIRST PHES	ENTATION OF M	NULTIPLE D	EPENDENT	CLAIM	_'		100	1	1		/
							Ľ	180= TOTAL		OR	+360=/	
		(Column 1)		(Colum	n 2)	(Column 3)	ADD	IT. FEE	· L	JOR	ADDIT, FEE	L
AMENDMENT B	5/	CLAIMS REMAINING		HIGHE	ST	PRESENT			ADDI-	7 . 1		ADDI-
	14/07	AFTER AMENDMENT		PREVIOU PAID F	JSLY	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL
END	Total	. 19	Minus	-2	0	=	XS	25=		OR	X\$50=	7
A P	Independent FIRST PRESE	NTATION OF M	Minus	PENDENT	3 414	= /	XI	00=		OR	X200=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								80=		OR	+360=	/
								TOTAL T. FEE		OB L	TOTAL	/
_	-	(Column 1)		(Column		(Column 3)	۸۵۵۱			•	DDIT. FEE	
	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	**			Ve	25=	FEE	┠		FEE
	ndependent	*	Minus	***		-	-			OR	X\$50=	
	FIRST PRESE	X10	00=		OR	X200=						
If t	he entry in colum	+18	0=		OR	+360=						
11 (If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR AE	TOTAL DIT. FEE	
Th	e *Highest Numi	per Previously Paid	For (Total or	o orace is le Independent)	ss than is the h	3, enter "3." Ighest number f	ADDIT. Ound in t		opriate box	in colun	nn 1.	
		•										Ì